



Ride-Along Application

(Adults Only)

Please fill in the information requested below. Prior to you being allowed to participate, the assumption of risk agreement must be completed with your signature being witnessed by a representative of the Lynchburg Police Department. **The completed form must be returned to the Crime Prevention Unit at least five days prior to your requested participation.** Any false information or omissions on this application may result in disqualification for ride-along privileges. The Lynchburg Police Department reserves the right to deny ride-along privileges for any reason, without prior notice.

The Crime Prevention Unit will contact you to verify approval.

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Social Security Number: _____ Email Address: _____

Please answer the following by placing a 'Y' for yes, or an 'N' for no, in the box to the right of the question:

Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such a partner?	<input type="checkbox"/>	Have you ever been charged or convicted of a criminal offense? Please list the offense, date, and location: 	<input type="checkbox"/>
Are you under indictment or do you have charges pending in any court for any crime?	<input type="checkbox"/>	Are you currently taking any medication that could impair your judgment in a stressful situation?	<input type="checkbox"/>
Have you ever had or do you currently possess a concealed weapon permit in any state?	<input type="checkbox"/>	Do you have any medical condition that could impair your ability to react in a potentially dangerous situation?	<input type="checkbox"/>
Have you ever participated in this program? If yes, when did you last participate?	<input type="checkbox"/>	Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance?	<input type="checkbox"/>

Why do you want to participate in the Lynchburg Police Department's Ride-Along Program?

Select ONLY ONE shift: 1:00 PM – 5:00 PM <input type="checkbox"/> 8:00 PM – 12:00 midnight <input type="checkbox"/> 11:00 PM – 3:00 AM <input type="checkbox"/>	<i>I understand that I will be occupying the role of a silent observer. I realize that I may be called upon as a witness in a court proceeding that might arise from the officer's performance, or be called upon for assistance by the officer to whom I am assigned.</i> <i>THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.</i>
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Requested Ride-Along Date:

SIGNATURE OF APPLICANT

FOR POLICE DEPARTMENT USE ONLY:

Crime Prevention Unit		Unit / Watch Commander	
Approved for date:	Times:	Unit / Watch:	Rode with Officer:
Date of Approval	Approved by:	Refused/ Terminated/ Failed to Appear:	
CPU COMMENTS:	PISTOL Background Check <input type="checkbox"/>	Applicant currently in hiring process	<input type="checkbox"/>
	Part of required school assignment <input type="checkbox"/>	Applicant is friend/family member of LPD Officer	<input type="checkbox"/>
	Attendee/Graduate of LPD Citizen's Police Academy <input type="checkbox"/>	Applicant has been contacted by CPU	<input type="checkbox"/>

Ride-Along Participant Agreement

ASSUMPTION OF RISK INDEMNITY AGREEMENT AND COVENANT NOT TO SUE

I, _____, have requested that the Lynchburg Police Department allow me to come onto the Police Department facilities, and to ride with Police Department personnel as part of the Lynchburg Police Department's Ride-Along Program. I am fully aware of the inherent risks associated with my participation in the Ride-Along Program, which include but are not limited to bodily injury, physical and emotional disability, death, and property damage resulting from the risks of motor vehicle accidents and accompanying Police Department personnel into areas where criminal activity may occur. Understanding these risks, it is still my decision to participate in the Ride-Along Program and in consideration of the Police Department allowing me to participate, I assume full responsibility for such risks. I agree that neither I nor my legal representatives, heirs, and assigns, will hold the City, its officials, or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the Ride-Along Program, whether caused by the negligence of the City, its officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the City, its officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost of defending such claims may accrue against, be charged to, or recovered from or sought to be recovered from the City, its officials, employees and agents, as a result of my participation in the Ride-Along Program.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further understand that permission to participate in the Ride-Along program is granted subject to the rules and regulations of the Lynchburg Police Department, and such permission may be restricted to specific periods of time or revoked entirely by the Police Department in its sole discretion.

WITNESS my signature this _____ day of _____, 20_____

Signature of Participant

Signature of Lynchburg Police Department Witness

READ CAREFULLY BEFORE SIGNING!